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# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Dockel Number

09/813225

8/5/5

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR <b>PCE</b>	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	86 minus 120 =	—
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6 minus 8 =	—
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

### SMALL ENTITY

RATE	FEE
	\$
x \$	=
x \$	=
+ \$	=
TOTAL	

OR

### OTHER THAN SMALL ENTITY

RATE	FEE
	\$790
x \$	=
x \$	=
+ \$	=
TOTAL	790

## CLAIMS AS AMENDED - PART II

5-12-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	86 minus 86 =	0
	Independent (37 CFR 1.16(b))	6 minus 6 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

### SMALL ENTITY

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

### OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	0

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	=
	Independent (37 CFR 1.16(b))	Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	=
	Independent (37 CFR 1.16(b))	Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
x \$	=
x \$	=
+ \$	=
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2